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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/859,482
Filing Date	May 18, 2001
First Named Inventor	Mark VERRALL et al.
Examiner Name	Sow Fun Hon
Group / Art Unit	1772
Attorney Docket No.	MERCK-1972 D1

TOTAL AMOUNT OF PAYMENT (\$) 440

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 13-3402 Deposit Account Name: Millen, White, Zelano & Branigan, P.C. <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES					
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
1001	750	2001	375	Utility filing fee			
1002	330	2002	165	Design filing fee			
1003	520	2003	260	Plant filing fee			
1004	750	2004	375	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)					(\$ 0)		
2. EXTRA CLAIM FEES							
Total Claims	-20**	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims	-3**	=	0	X		=	0
Multiple Dependent				X		=	0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
1202	18	2202	9	Claims in excess of 20			
1201	84	2201	42	Independent claims in excess of 3			
1203	280	2203	140	Multiple dependent claim, if not paid			
1204	84	2204	42	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)					(\$ 0)		
**or number previously paid, if greater; For Reissues, see above							
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3)					(\$ 440)		

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	James E. Ruland	Registration No. Attorney/Agent	37-432	Telephone	(703) 243-6333
Signature		Date	January 22, 2004		

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